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OMB 0651-0031

# TRANSMITTAL FORM

Use used for all correspondence after initial filing)

Application Number	10/568,294
Filing Date	February 15, 2006
First Named Inventor	Lee Underwood et al.
Group Art Unit	2612
Examiner Name	Girma, Fekadeselass

Total Number of Pages in This Submission	18	Attorney Docket Number	36290-0392-00-US (221804)
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## ENCLOSURES (check all that apply)

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Response to Office Action dated 12/10/09<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><br><input checked="" type="checkbox"/> Drawing(s) - 2 (1 Annotated & 1 Replacement)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition under 37 C.F.R. 1.47(a) -<br><br><input type="checkbox"/> Declaration & Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s)<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) |
|---|--|--|

Remarks:

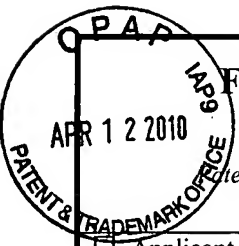
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Drinker Biddle & Reath LLP
Signature	
Printed Name	Robert E. Cannuscio - 36,469
Date	April 7, 2010

## CERTIFICATE OF MAILING UNDER 37 CFR 1.8

I hereby certify that this paper, along with any documents referred to as being enclosed therewith, is being deposited with the United States Postal Service in an envelope addressed to Mail Stop Assignment Recordation Services, U.S. Patent Office, Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:.

Typed or printed name	Laura M. McNeely	
Signature		Date: April 7, 2010



# **FREE TRANSMITTAL for FY 2009**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** \$ 130.00

## **METHOD OF PAYMENT** (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number 50-0573

Deposit Account Name Drinker Biddle & Reath LLP

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee required under 37 CFR 1.16 and 1.17

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## **FEE CALCULATION**

### **EXTRA CLAIMS FEES FOR UTILITY AND REISSUE**

Total Claims \* -20\*\* = 0 X = \$ 0

Independent Claims \* - 3\*\* = 0 X 110 = \$0

Multiple Independent + 390/195 = \$0

Large Fee Code	Large Entity Fee (\$)	Small Fee Code	Small Entity Fee (\$)	Fee Description
1202	52	2202	26	Claims in excess of 20
1201	220	2201	110	Independent claims in excess of 3
1203	390	2203	195	Multiple dependent claim, if not paid
1204	220	2204	110	**Reissue independent claims over original patent
1205	52	2205	26	**Reissue claims in excess of 20 and over original patent

\*\*or number previously paid, if greater; For Reissue, see above

## **Complete if known**

Application Number **10/568,294**  
 Filing Date **February 15, 2006**  
 First Named Inventor **Lee Underwood et al.**  
 Examiner Name **Girma, Fekadeselass**  
 Art Unit **2612**  
 Attorney Docket No. **36290-0392-00-US (221804)**

## **FEE CALCULATION** (continued)

### **ADDITIONAL FEES**

Fee Code	Large Entity Fee (\$)	Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	130	2251	65	Extension for reply within first month	\$130
1252	490	2252	245	Extension for reply within second month	
1253	1,110	2253	555	Extension for reply within third month	
1254	1,730	2254	865	Extension for reply within fourth month	
1255	2,350	2255	1,175	Extension for reply within fifth month	
1401	540	2401	270	Notice of Appeal	
1402	540	2402	270	Filing a brief in support of an appeal	
1403	1,080	2403	540	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	540	2452	270	Petition to revive - unavoidable	
1453	1,620	2453	810	Petition to revive - unintentional	
1501	1,510	2501	755	Utility issue fee (or reissue)	
1503	1,190	2503	595	Plant issue fee	
1462	400	1462	400	Petition to the Commissioner - Group I	
1463	200	1463	200	Petition to the Commissioner - Group II	
1464	130	1464	130	Petition to the Commissioner - Group III	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1810	810	2810	405	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	810	2801	405	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify)					

**SUBMITTED BY CUSTOMER NO. 23973**

**Complete (if applicable)**

Name (Print/Type)	Robert E. Cannuscio	Registration No. (Attorney/Agent)	36,469	Telephone	(215) 988.3303
Signature		Date	April 7, 2010		